

Image# 202408269675286586

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Calvert, Ken, , ,			2. Candidate's FEC Identification Number H2CA37023	
(b) Address (number and street) PO Box 2438		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Corona CA 92878		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CA 41		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) KEN CALVERT FOR CONGRESS COMMITTEE		
(b) Address (number and street) PO BOX 2438		
(c) City, State, and ZIP Code CORONA CA 92878		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Calvert Victory Fund		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Calvert, Ken, , ,	Date 08/26/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PROTECT THE HOUSE 2024

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PROTECT THE HOUSE CALIFORNIA 2024

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SCALISE LEADERSHIP FUND 2024

(b) Address (number and street)

320 1ST ST SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

AMERICAN BATTLEGROUND FUND

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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(a) Name of Committee (in full)

EMMER MAJORITY BUILDERS

(b) Address (number and street)

824 S. MILLEDGE AVE. STE. 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GROW THE MAJORITY

(b) Address (number and street)

228 S Washington Street #115

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SCOTT FRANKLIN WINGMAN FUND

(b) Address (number and street)

P.O. BOX 2811

(c) City, State, and ZIP Code

LAKELAND

FL

33806

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GROW THE MAJORITY CA

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314